

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b> from <u>10/22/2006</u> through <u>12/31/2006</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/07/2006</u>	<b>Date Stamp</b> <b>FILED</b> <b>JAN 24 2007</b> <b>CITY OF SANTA MARIA</b> <b>By: [Signature]</b>	<b>CALIFORNIA FORM 460</b>
			<b>Page 1 of 8</b> For Official Use Only

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
*(Also Complete Part 5)*
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6)*

**2. Type of Statement:**

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☒ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Alice Parino for City Council

I.D. NUMBER  
1227669

**Treasurer(s)**

NAME OF TREASURER  
Tom Martinez

MAILING ADDRESS  
2450 Professional Pkwy, Suite 220  
Santa Maria, CA 93455  
805-346-8407

STREET ADDRESS (NO P.O. BOX)  
2450 Professional Pkwy, Suite 220

CITY  
Santa Maria, CA 93455

STATE  
CA

ZIP CODE  
93455

AREA CODE/PHONE  
805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
2151 S College Drive, Suite 101

CITY  
Santa Maria, Ca 93455

STATE  
CA

ZIP CODE  
93455

AREA CODE/PHONE  
805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY  
Trent Benedetti

MAILING ADDRESS  
2151 S College Drive, Suite 101

CITY  
Santa Maria, Ca 93455

STATE  
CA

ZIP CODE  
93455

AREA CODE/PHONE  
805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-23-07 By [Signature] Signature of Treasurer/Assistant Treasurer

Executed on \_\_\_\_\_ By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 2450 Professional Pkwy, Suite 220	CITY Santa Maria,	STATE CA	ZIP 93455

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10/22/2006  
through 12/31/2006

CALIFORNIA  
FORM  
460

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I.D. NUMBER  
1227669

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 870.00	\$ 25,652.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 870.00	\$ 25,652.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 870.00	\$ 25,652.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \$

21. Expenditures Made \$ \$

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 7,507.23	\$ 23,774.29
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,507.23	\$ 23,774.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 7,507.23	\$ 23,774.29

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\*

(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / \$

/ / \$

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 9,720.93
13. Cash Receipts	Column A, Line 3 above 870.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 7,507.23
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,083.70

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 8 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

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**FPPC Form 460 (January/05)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/22/2006  
through 12/31/2006

CALIFORNIA  
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1227669

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MRB member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOI voter registration
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Knight Broadcasting 1693 Mission Drive Solvang CA 93463	RAD			598.00
VTC Enterprises 2445 'A' Street Santa Maria CA 934556	LIT			5,343.35
Santa Maria Times 3200 Skyway Drive Santa Maria CA 93456	PRT			800.40
<b>SUBTOTAL \$</b>				6,741.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 7,486.17
- Unitemized payments made this period of under \$100 ..... \$ 21.06
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 7,507.23

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Patino for City Council

Statement covers period from 10/22/2006 through 12/31/2006		CALIFORNIA FORM <b>460</b>
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MER member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL tv, or cable airtime and production costs                 |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LT campaign literature and mailings                               | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Linda Williams 1675 Kronen Way Solvang CA 93643	MTG		Marian Medical Dinner	62.70
Linda Williams 1675 Kronen Way Solvang CA 93643			Reimbursement	262.97
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria CA 93455	PRO			418.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

744.42



Type or print in ink.  
Amounts may be rounded  
to whole dollars.

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**460**

I.D. NUMBER  
1227669

**\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

<b>TOTAL* \$</b>	<b>1,798.80</b>
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**FPPC Form 460 (January/05)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**

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Linda Williams

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PEI	petition circulating	TEL	tv. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

PRT	Printing
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AMOUNT PAID

PRT	Printing
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<b>TOTAL*</b>	<b>\$</b>	<b>122.53</b>
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FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)